



Student Member

ARTICLE IV – Membership

4.1 Classification of Membership. There shall be the following classes of membership in CFPA:

B. **Student Member:** Any person may be a Student Member while they are a full or part time student in good standing majoring in a law-related course of study, provided that the person is not employed as a paralegal. Upon successful completion of the course of study, Student Members may qualify to apply for Active or Associate membership. Student Members have no voting rights and shall not serve as an Officer, Director, or Committee Chair, but may participate on any Committee or Sub-Committee and may serve as Parliamentarian.

Advantages of being a Student Member of CFPA include:

- * Discounted membership fees
- * Rewarding community service opportunities
- * Informative educational seminars at discounted rates
 - * Student Scholarship Program
- * Opportunities to work on a team with other professionals as a member of CFPA Committees
 - * **Networking! Networking! Networking!**



CENTRAL FLORIDA PARALEGAL ASSOCIATION
 P.O. BOX 1107 • Orlando, FL 32802
 (407) 672-6372 • www.cfpainc.org

NEW STUDENT MEMBERSHIP APPLICATION

To be completed and returned by all applicants. Data entries into **Section I** for Active, Associate and Student Membership, **Section II** ONLY for Active and Associate Membership, **Section III** for Student Membership only. Only **Section IV** to be completed for Patron Membership. All applicants sign on page 3. Dues are not pro-rated.

STUDENT MEMBERSHIP

Applications postmarked January 1 through June 30 will be considered full year memberships. \$30.00

Applications postmarked July 1 through December 31 will be considered half year memberships for the current calendar year. \$15.00

Section I: Active/Associate/Student Membership

Name:			
Home Address:			
City:		State:	Zip:
Home Phone:		Home Email:	
Employer:			
Work Address:			
City:		State:	Zip:
Work Phone:		Work Email:	
Preferred Mailing Address:	<input type="radio"/> Home	<input type="radio"/> Work	<input type="radio"/> School
Preferred Email Address:	<input type="radio"/> Home	<input type="radio"/> Work	<input type="radio"/> School

Skip Section II and Continue to Section III for Student Membership

Section II: Active/Associate Membership NOT FOR STUDENT MEMBERS

Employer Name:		Area(s) of Specialty:	
Number of Attorneys:	Number of Paralegals:	Years as Paralegal:	Work Fax:
Certification:	<input type="checkbox"/> CLA/CP	<input type="checkbox"/> ACP	<input type="checkbox"/> FCP
Member #	<input type="checkbox"/> FRP	<input type="checkbox"/> NFPA-RP	<input type="checkbox"/> CBA
# _____	<input type="checkbox"/> NALA	<input type="checkbox"/> Other:	<input type="checkbox"/>
University / College Attended:	Major:		
Degree:	Date Graduated:		
Other formal or special training or education or credentials:			

Please check the active membership qualification number (from above) under which you are applying and include documentation (i.e., diploma, CLA Certificate, and/or employer attestation).

- 1 2 3 4 5 6 7 8 9

Section III: Student Membership Only

School Attending:		
Program/Major:	Expected Date of Graduation:	
School Address:		
City:	State:	Zip:
Work Phone:	Work Email:	
School Activities/Clubs:		

School Attestation

I hereby attest that _____ is currently enrolled in the legal assistant/paralegal program listed above. I further attest that said applicant is of professional and honest character.

Signature: _____ Date: _____

Name of Program Director or Instructor (please print) _____ Name of School _____

Opportunities for Involvement

I would like more information on: Meetings Committees Seminars Other:

Other: _____

Signature

I attest the information provided herein is correct and accurate.

Signed: _____ Date: _____

Referred By: _____

PayPal is available at <http://cfpainc.org/membership/applyformembership.html>

Return this New Student Member Application Form with your check or PayPal receipt to:

Central Florida Paralegal Association
Post Office Box 1107
Orlando, Florida 32802